

Home-based postnatal coordinated care after discharge from hospital: a PRADO French experiment

Abstract

Objective: To determine the factors that affect enrollment in and adherence to the French home-based postnatal coordinated care program after hospital discharge, namely the PRADO program.

Methods: A population-based retrospective study was performed using the public health insurance database of the French district of Yvelines. The study population included all affiliated women admitted for delivery and qualified as low risk in 2013. These women were eligible for a home-based midwifery support after discharge from the hospital. Woman's enrollment in and adherence to home-based postnatal coordinated care were modeled using simple probit model. Besides, woman's adherence to the home-based postnatal coordinated care was also modeled using probit Heckman selection model in order to assess the self-selection process of enrollment in the program. Control variables used were patient characteristics, municipality characteristics, and hospital characteristics.

Results: Of 4,189 women, 2,859 women (68.3% of all eligible women) opted for the home-based postnatal coordinated care, of which 2,496 women (59.6% of all eligible women) have subsequently received the whole PRADO program. On one hand, the enrollment in the home-based postnatal coordinated care was mainly explained by family context variables including woman's age at pregnancy and number of children in the household, woman's level of information including prenatal education and prenatal information on postpartum care, as well as hospital variables including characteristics and organization of maternity units. On the other hand, the adherence to the home-based postnatal coordinated care was explained by health professionals' accessibility, particularly that of midwives. Besides, both woman's level of information and health professionals' accessibility were correlated with socioeconomic environment.

Conclusion: It appears that a generalization of home-based postnatal coordinated care may be not well accepted by women having their pregnancy at a very early or late age as well as women with low rates of prenatal education and prenatal information on postpartum care. A public health policy promoting prenatal as well as postnatal information could increase the acceptance of this coordinated community care. In addition, reducing regional inequality as the midwives' density is a key factor of home-based postnatal coordinated care adhesion.

Key words: Postnatal care; Home-based coordinated care; Family; Information; Hospital; Health professionals' accessibility; Inequity.